

# Request for Bus Transportation

To: Lansing Central School District  
Transportation Department  
284 Ridge Road  
Lansing NY  
Phone:607 533 4608  
Fax:607 533-7588

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, in the Lansing Central School District  
request Transportation for my Child (Children), for whom I have legal custody, and

are residing with me, to and from \_\_\_\_\_.  
(School)

Students Full Name	D.O.B.	Grade	A.M.	P.M.	Both
Child 1. _____	_____	_____	_____	_____	_____
Child 2. _____	_____	_____	_____	_____	_____
Child 3. _____	_____	_____	_____	_____	_____
Child 4. _____	_____	_____	_____	_____	_____

Day care Pickup Address/Phone# \_\_\_\_\_ Day care Drop off Address/Phone# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Cell phone # \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the above information is true and correct.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For School use

I certify that the above named child (children) is(are) enrolled in EAC Montessori School  
For the school year 15-16

Principals Signature: [Signature]